

ADULT FOSTER CARE INCIDENT/ACCIDENT REPORT

Michigan Family Independence Agency

**Please send to your local
licensing office.**

LICENSE #	Submit if incident involved: (check box) <input type="checkbox"/> HOSPITAL ADMISSION (in-patient care only) <input type="checkbox"/> HARM TO SELF OR OTHERS <input type="checkbox"/> DESTRUCTION OF PROPERTY		<input type="checkbox"/> DEATH <input type="checkbox"/> ARREST <input type="checkbox"/> SERIOUS HOSTILITY
FACILITY PHONE			
Name Of Facility		Name Of Resident Involved	
Name Of Licensee		Address (If Different From Facility)	
Address		City/State/Zip Code	
City/State/Zip Code	County:	Birth Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
FACTS OF THE INCIDENT [attach additional pages as needed]			
Date Of Incident	Employee Assigned To Resident When Incident Occurred		
Time : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Location of Incident (Yard, Kitchen)		
Explain What Happened/ Describe Injury (If Any)			
Action Taken By Staff/ Treatment Given			
Corrective Measures Taken To Remedy And/Or Prevent Recurrence:			
OTHER PERSON(S) INVOLVED/WITNESSES: [attach additional pages as needed]			
Name		<input type="checkbox"/> Resident	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Name		<input type="checkbox"/> Resident	<input type="checkbox"/> Employee <input type="checkbox"/> Visitor
Name Of Treating Physician/ Health Care/Medical Facility/ Hospital	Phone Number	Date Of Care	Time : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Physician Diagnosis Of Injury, Illness, Or Cause Of Death, If Known			Extent Of Injury <input type="checkbox"/> Serious <input type="checkbox"/> Non-Serious
PERSONS NOTIFIED	Date Notified	PERSONS NOTIFIED	Date Notified
Bureau Of Family Services Notification		Adult Protective Services Notification Date And Time	
Physician/Nurse		Office Of Recipient Rights	
Responsible Agency		Law Enforcement	
Designated Representative/Legal Guardian		Other	
SIGNATURES			
Signature Of Person Completing Report		Title	Date
Signature Of Licensee/Designee		Title	Date

Authority: Act No. 238 of the Public Acts of 1979, as amended
 Completion: Required
 Penalty: Violation of Administrative Rule
 OCAI 4607 (Revised 02/23/04)

The Family Independence Agency will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to an FIA office in your county.

